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Construction and Testing of A Marital/Couple Therapy Satisfaction Measure

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Thesis Acceptance**

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CONSTRUCTION AND TESTING OF A MARITAL/COUPLE THERAPY SATISFACTION MEASURE

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For the degree of MASTER OF SCIENCE

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CONSTRUCTION AND TESTING
OF A MARITAL/COUPLE THERAPY
SATISFACTION MEASURE

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Submitted to the Faculty

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ABSTRACT

Bingham, J. A. M.S., Purdue University Calumet, August 2000. Construction and Testing of a Marital/Couple Therapy Satisfaction Measure. Major Professor: Thomas Pavkov.

Therapy is inundated with self-report instruments/measures for clients (Corcoran & Fischer, 1987)(Touliatos, Perlmutter, & Straus, 1989); most of them focused for individual therapy. Many of these instruments are used for assessment purposes, while some others are related to outcome (Fredman & Sherman, 1987) (Corcoran & Fischer, 1987). One neglected area is that of instruments devised to measure satisfaction with specific content areas of therapy. Another neglected area is an instrument designed specifically for marital/couple therapy. This research devised and tested a client self-report satisfaction measure specifically for couples in therapy. The items of the Marital Therapy Satisfaction Measure (MTSM) were derived from a review of literature of research focusing on both therapists' and clients' perspectives of important/essential elements linked to effective marital/couple therapy. Forty-five clients engaged in a minimum of four sessions of marital/couple therapy were surveyed. Clients completed the MTSM and the Client Satisfaction Questionnaire (CSQ-8), a self-report satisfaction instrument with already established validity and reliability. Results reported a significant correlation

between the MTSM and the CSQ-8. Further analysis on the data revealed gender and other demographic effects on levels of satisfaction with marital/couple therapy. Concerns regarding sample size and variance are discussed, as well as suggestions for furthering this research and the potential of the MTSM.

CHAPTER ONE: INTRODUCTION

Statement of the Problem

Therapy is inundated with self-report instruments/measures for clients (Corcoran & Fischer, 1987)(Touliatos, Perlmutter, & Straus, 1989); most of them focused for individual therapy. Many of these instruments are used for assessment purposes, while others are related to outcome (Fredman & Sherman, 1987) (Corcoran & Fischer, 1987). One neglected area is that of instruments devised to measure satisfaction with specific content areas of therapy. Another neglected area is an instrument designed specifically for marital/couple therapy. This research devised and tested a client self-report satisfaction scale that is specifically for couples in therapy. The scale measures clients' satisfaction with various aspects of their therapy experience.

Significance of the Problem

The impact and positive contributions of marital & family therapy (MFT) have grown throughout the years (Pinsof, W., Wynne, L., Hambright, A., 1996). While there has been an increase of outcome studies supporting the efficacy of marital and family therapy (Bray & Jouriles, 1995; Cameron,

1987; Lebow & Gurman, 1995; Hannah, Luquet, & McCormick, 1997), with calls for further studies with improved methodologies (Bakely, 1996); there continues to be a need to discover *why* it is effective (White, Edwards, & Russell, 1997).

Attention must be given to how well marital therapy is practiced in the field (Leber, St. Peters, & Markman, 1996). Relatively, research shows that few marital and family therapists use any sort of instrument for clients to evaluate services. Those that use any sort of instrument, use them mostly for treatment planning. Many of the instruments being used are not sensitive to marital therapy (Bougher, Hayes, Bubenka, & West, 1994). It appears that many therapists may not be using any measures simply because they cannot find one that specifically addresses marital therapy issues.

One of the applications of a marital therapy satisfaction instrument, geared to measure its elements, is to help safeguard the effectiveness of the process of therapy by identifying satisfaction with these elements. Once practitioners have a tool to help them identify elements of the therapy that are hindering the process; this would allow them to address and hopefully improve specific aspects of their therapeutic work. Research has shown 43.2% of marital/couple cases ended by the 10th session. Another 20.7% were completed by the fifteenth session (Doherty & Simmons, 1996). Given

the amount of time couples are remaining in therapy, strategies to safeguard this time and ensure its productivity are important.

Given the need for an instrument to measure satisfaction of the elements of marital/couple therapy, the next step is to identify these elements. Once the elements are identified, items for such a measure can be constructed. The following section details the research completed that identifies the elements of successful and unsuccessful therapy. The research is presented from two different perspectives; the client and therapist. A section follows that details the various approaches to measuring client satisfaction with the therapy experience.

Research on Clients Perspective

Sells, Smith, and Moon (1996) conducted an ethnographic study of client and therapist perceptions of therapy effectiveness. Fourteen clients (client being defined as either an individual, a couple or family) were interviewed four times immediately following their sessions during a seven-week period. They were asked a series of specific and open-ended questions relating to their session. Many of these questions focused on what the clients found helpful or not helpful in sessions, asked to identify positive therapist qualities/actions, and also inquired regarding perceived differences between sessions. Six categories emerged from a domain analysis of these responses

which included (a) changes associated with counseling, (b) important therapist qualities, (c) effective interventions or techniques, (d) ineffective interventions or techniques, (e) recommendations for future sessions, and (f) ethnographic practice evaluations.

Sells, Smith, & Moon (1996) found several aspects regarding important therapist qualities. Some examples of clients responses were an "understanding of their feelings or problems, down-to-earth and one of us, sense of humor, impartial or fair, nonjudgmental, sincerity, caring and sensitive" (p. 330). When asked about effective moments in counseling, clients reported that assignments given to them to be completed between sessions contributed to effectiveness, as it encouraged them to build upon changes made and help utilize them throughout the week. Several mentioned the importance of clear, agreed upon goals and also that therapy was a safe place to talk about their feelings/problems. When asked about ineffective moments in therapy, clients discussed not having a clear sense of the goals of the therapy, and also feelings of times of sessions getting off track. Suggestions for future sessions included getting focused on specific goals, and offering specific advice/suggestions towards their problems.

Christensen, Russell, Miller, & Peterson (1998) conducted a qualitative investigation with thirteen couples regarding the process of change in therapy. Couples included in the study had to have at least attended four

conjoint sessions, or had been terminated no more than two weeks before the interview. There were nine therapists in the study, eight females and one male. Couples were interviewed separately by interviewers at an agreed upon time, not immediately following sessions. The participants were asked to comment on what their therapist did to help facilitate change, their perception of what was happening during the time they felt the most was being accomplished, and to identify turning points in therapy.

Couples identified three areas of change in their relationships including affect, cognition, and communication. A list of five contributing factors to this change were identified as follows: (a) safety (being able to trust the environment was safe to express their concerns without fear of repercussions from their partner); (b) fairness (the therapist was able to align him/herself with both partners, giving each a chance to express themselves and understand both sides of the story); (c) normalization (clients felt their predicament or concerns were not totally out of the ordinary); (d) hope (clients felt confident and optimistic about the future, their strengths being punctuated); (e) pacing (therapist being able to slow things down during crucial aspects of the sessions to increase understanding). When asked to recall specific turning points to this change, most couples responded their perceptions of it being a more gradual process as opposed to certain singular preparatory event.

Crane, Gifftin, & Hill (1986) asked individuals clients (n=102) who were seen at two different MFT training clinics (n=59 Brigham Young University, n=43 Texas Tech University) to rate their treatment outcome and also answer questions regarding their perceptions of their therapists' skill/competency. Therapists were either enrolled in a master or doctoral program in MFT. A step-wise regression and analysis was performed regarding treatment outcome and therapist characteristics. The variable found to best predict client-rated treatment outcome, was "fit of treatment". This accounted for 34% of the variance. A similar analysis was conducted between perceived therapist's competence and therapist variables. The most important predictor to therapist competence was the amount of concern perceived by the clients for them and their problems. This therapist variable accounted for 25% of the variance in the overall rating of the skill of the therapist. Overall, 73% of the clients reported improvements due to therapy, 20% unchanged, and 7% deteriorated.

McCollum & Beer (1995) reported the results from an extensive ethnographic interview of a single couple after their completion of therapy from McCollum. Some unexpected findings emerged such as clients discussing a particular session perceived to be very positive, yet finding his clients had an opposite and negative response. McCollum states, "I left feeling it had been a good session. I found out months later, when therapy

was done and I read their reaction in Jim's dissertation, that the couple felt the session was a flop" (p. 60). The couple discussed many issues regarding the process of their therapy. Topics included feeling anxious when they were complimented by their therapist, and the need for their problems to be validated before strengths were punctuated. Some of the other issues involved the importance of feeling understood, as well as the therapist's honest self-disclosure. The authors suggest the importance of bringing to the field's attention the perceptions and satisfaction of clients.

One of the largest samples of clients of clinical members of the American Association for Marriage and Family Therapy (AAMFT), ($n=492$) were asked to rate their satisfaction with treatment (Doherty & Simmons, 1996). An overwhelming number reported services as good or excellent (98.1%), and felt their needs were met (93%). This information is informative in that it tells us that the client satisfaction is high, but the study does not account for clients who dropout. Lester and Doherty (1983) randomly sampled fifty couples who had attended a Marriage Encounter weekend, and asked them how their experience had affected their marriage via interview and essay data. This data was collected on average of 4 years from the time the couple attended the program. A significant amount (80%) of the couples reported a totally positive experience. The most frequent

response given as a positive aspect was the dialogue/communication technique that facilitated the expression of feelings.

The elements of therapy discussed in these studies can be organized into two categories. The first category is relationship skills. These are skills that correspond to how well the therapist relates to his/her clients. Relationship skills tend to include creating a caring/empathetic relationship and engendering hope with clients. These skills also involve creating a positive interpersonal atmosphere that is conducive for change to take place. Therapists with good relationship skills are perceived as caring for their clients. Clients feel that their therapist understands them and are not judgmental of them as people. Rather an understanding therapist is viewed as accepting and empathetic to client experiences and encouraging of client strengths and potential for change.

The second category is structuring skills. Structuring skills relate to how the therapist spends the time in sessions, with whom, and what kinds of activities/interventions are used. These skills also involve a therapist's ability to help clients plan clear and meaningful goals. The following table summarizes the elements of therapy that were reported in the previous section by clients, into these two categories.

Table 1

Summary of Therapist Skills Reported by Clients and Citations

<i>Relationship Skills</i>	<i>Citations</i>
Understanding	(Sells, Smith, & Moon, 1996), (McCollum & Beer, 1995), (Crane, Griffin, & Hill, 1986)
Non-judgmental	(Sells, Smith, & Moon, 1996)
Down to earth	(Sells, Smith, & Moon, 1996), (McCollum & Beer, 1995)
Sense of humor	(Sells, Smith, & Moon, 1996)
Caring/Empathetic	(Sells, Smith, & Moon, 1996), (Crane, Griffin, & Hill, 1986)
Encouraging	(Christensen, Russell, Miller, & Peterson, 1998), (Crane, Griffin, & Hill, 1986)
Fair	(Sells, Smith, & Moon, 1996), (Christensen, Russell, Miller, & Peterson, 1998)
<i>Structuring Skills</i>	
Effective	(Sells, Smith, & Moon, 1996), (Crane, Griffin, & Hill, 1986), (Lester & Doherty, 1983)
Interventions	(Sells, Smith, & Moon, 1996)
Clear Goals	(Christensen, Russell, Miller, & Peterson, 1998), (Sells, Smith, & Moon, 1996)
Equal time in sessions	(Sells, Smith, & Moon, 1996), (Crane, Griffin, & Hill, 1986)
Relevant content	(Sells, Smith, & Moon, 1996)
Homework	(Sells, Smith, & Moon, 1996), (Christensen, Russell, Miller, & Peterson, 1998),
Safe environment	

Therapists Perceptions of Effective Process

Referring to the previous study by Sells, Smith, & Moon (1996), four therapists in training (all were doctoral level, with a range of clinical experience of 1 to 6 years) responded to the same questions regarding important qualities of therapists and the counseling process. This interview process was done in one of three ways. Therapists either recorded their field notes following their sessions, were interviewed by the first author, or responded with other therapists to issues in a focus group format. In

response to what were important qualities for therapists, respondents listed understanding and sense of humor as fostering a better client-therapist relationship. Respondents listed the need to appear less formal to help clients relax. Further, regarding effectiveness in counseling therapists identified the importance of techniques/interventions such as joining, unbalancing, and reframing. Others discussed the importance of using solution-focused techniques to punctuate exceptions to the problems. Some of the therapists agreed that unclear goals contribute to ineffectiveness in counseling.

Experts in the field of MFT were asked to identify the essential elements/variables that contributed to the efficacy of outcome of marital and family therapy in a modified Delphi study (White, Edwards, & Russell, 1997). Sixty-one AAMFT approved supervisors participated in the study. The first round of the study involved an open-ended questionnaire that asked participants to list key variables that contributed to the quality or stability of either therapeutic or supervisory contexts. Therapists were asked to identify a maximum of five variables pertaining to setting of therapy/supervision, the therapist/supervisor, client or supervisee, process of interactions, and content of interactions. The following nine therapy process variables were identified (a) characteristics of productive therapeutic process (therapist and client working together comfortably and productively), (b) therapist facilitation of

clients' growth and development (empowerment), (c) therapist execution of perceptual-conceptual skills to assess and intervene, (d) therapist execution of executive skills to intervene and solve the presenting problem, (e) a clear therapeutic contract, (f) relevant content within the therapy session, (g) evidence of client's commitment to the therapy process, (h) the therapist being able to self-monitor, (i) the therapist responding to ethical issues with professional integrity. The authors point out that although there is a modest amount of research to support these variables, several of the clusters are reflected in the findings of Friedlanders et al (1994).

Another research project has attempted to identify basic skills for effective beginning family therapists and various schools/theories by experts in the field. The first study (Figley & Nelson, 1989) sampled Approved Supervisors in the American Association for Marriage and Family Therapy and also members of the American Family Therapy Association. This project had two different surveys for participants. The first survey asked participants (n=206) to list generic and also theory specific skills essential to the beginning marriage and family therapist. The second survey then asked participants (n=372) to rate these skills/characteristics reported in the first survey. Results from the second survey (the generic skills section) reported observing professional ethics, possessing integrity, knowing ethics of the

profession, basic interviewing skills, and ability to accept others as valid and important as the top five rated.

The second phase of this project reported on the theory-specific portion of the first study for the therapists who taught and practiced structural family therapy (Figley & Nelson, 1990). The top five items identified were (a) the ability to read a family structurally, (b) conceptualization/understanding of structural approach, (c) supportive family strengths, (d) being able to define the problem, (e) assessment of how structures are dysfunctional. The third article addressed brief and strategic skills (Nelson & Figley, 1990). Brief experts warranted (a) focusing the interview, (b) steering towards successful resolution of problems, (c) not look to clients as sources of gratification, (d) accepting others' views of life, (e) having an eye for positive explanations. Strategic experts punctuated (a) being able to formulate hypotheses, (b) Planning therapeutic interventions specific to families, (c) develop understanding of clients beliefs, (d) apply systemic awareness, (e) reframing perceptions of problem positively. The fourth article of this series pertains to Transgenerational theories (Nelson, Heilbrun, Figley, 1993). The top five skills ranked by experts of this theory were (a) understand own family of origin, (b) recognize triangled relationships, (c) Awareness of own issues, (d) helping clients focus on change in self vs. changing others, (e) ability to stay out of triangles.

Although this research is geared toward skills for beginning therapists, their commonalities to other process type research is noteworthy and beneficial to the field as well as this topic.

The responses by therapist's regarding effective elements of marital/couple therapy can also be divided into relationship and structuring categories. Their responses are organized into table 2.

Table 2

Summary of Therapist Skills Reported by Therapists and Citations

<i>Relationship Skills</i>	<i>Citations</i>
Understanding	(Sells, Smith, & Moon, 1996), (White, Edwards, & Russell, 1997), (Figley & Nelson, 1989), (Figley & Nelson, 1990)
Non-judgmental	(Figley & Nelson, 1989), (Figley & Nelson, 1990), (White, Edwards, & Russell, 1997)
Down to earth	(Sells, Smith, & Moon, 1996)
Sense of humor	(Sells, Smith, & Moon, 1996)
Caring/Empathetic	(Figley & Nelson, 1989), (White, Edwards, & Russell, 1997)
Encouraging	(White, Edwards, & Russell, 1997), (Figley & Nelson, 1990)
Fair	(White, Edwards, & Russell, 1997)
<i>Structuring Skills</i>	
Effective	(Sells, Smith, & Moon, 1996), (White, Edwards, & Russell, 1997), (Lester & Doherty, 1983)
Interventions	
Clear Goals	(Sells, Smith, & Moon, 1996), (White, Edwards, & Russell, 1997)
Relevant Content	(Sells, Smith, & Moon, 1996), (White, Edwards, & Russell, 1997)
Homework	(White, Edwards, & Russell, 1997)
Safe Environment	(White, Edwards, & Russell, 1997)

Scales/Measures

Many of the client satisfaction scales/measures that have been devised focus on individual psychotherapy (Pinsof & Catherall, 1986). Others have been created that address certain types of clients (i.e. adolescents in inpatient setting), or families' satisfaction with such services (Anderson, Rivera, Kutash, 1998). The majority of these instruments are designed for clients to complete after therapy has ended and address general outcome (general satisfaction with services, would clients return/recommend services, and if any change/improvement was achieved). Instruments that measure satisfaction with specific elements of the therapy are hard to find.

A commonly used satisfaction scale used in the mental health services field is the Client Satisfaction Questionnaire (Nguyen, Attkisson, Stegner, 1983). The items were derived from process of literature review and mental health professionals' rankings and have actually resulted in three different versions of the measure, each differing in length. There is an 8 item, 18 item, and 4 item version. The 8 item version is the most often used version (Attkisson & Greenfield, 1994) and has correlated well with other satisfaction instruments (Anderson, Rivera, Kutash, 1996; Attkisson & Zwick, 1982). The items are a 4 point Likert type scale whose values differ from question to question (i.e 1 meaning poor or none of my needs have been met). It is designed to be administered at the conclusion of services received and

addresses whether clients feel their needs were met, were satisfied with the amount of help they received, would recommend services, and so on. Other scales have been created to attempt to identify areas of programs that clients do not like, resulting in the Evaluation Ranking Scale (Pascoe & Attkisson, 1983). Another scale, the Patient Satisfaction Questionnaire, has been tested with clients to assess attitudes toward the general health care delivery system as opposed to reaction to specific services received (Roberts, Pascoe, Attkisson, 1983; Pascoe, Attkisson, Roberts, 1983).

Some work has been done to measure the concept of psychotherapy alliance beyond the individual paradigm. Pinsof and Catherall (1986) have developed scales that not only add systemic perspective to this alliance in individual psychotherapy, but have also devised scales that address this alliance in couple and family therapy (Pinsof, 1994). The items for these scales address important process issues such as the therapists' consideration of the clients' feelings and understanding of not only an individual, but partners, family members, or other significant figures in a clients life. Each item is measured with a 7 point, Likert type scale that ranges from completely agree (7) to completely disagree (1). Original testing of this measure resulted in highly skewed results with little variation. Researchers adjusted the scales' responses from the original 5 point range, to its present 7 point range. This successfully resolved the small variation problem. The

items are aimed at measuring the quality of the alliance, which has been one aspect previously mentioned in this literature review as a crucial element in therapy.

Several studies have addressed measurement of elements of therapy and its relation to satisfaction and outcome. One study (Waldron, Turner, Barton, Alexander, et al, 1997), examined the level of therapist and client defensiveness and its relationship to marital therapy outcome. Eighty-eight couples completed questionnaires regarding marital adjustment pre and post marital therapy. In addition data was collected during the third session of marital therapy regarding defensiveness of both clients and therapists. Results reported that higher therapist defensiveness was negatively correlated with post-therapy marital adjustment. Iverson & Baucom (1990) addressed a popular effective aspect (improving communication) and analyzed differences in reported marital satisfaction data from an outcome study of 48 couples. Researchers found that client perception of their distress at pretest and the degree in which they applied learned communication techniques impacted marital adjustment at posttest.

The purpose of this research is to design and test an instrument for clients to measure their satisfaction with their services. This instrument, the Marital Therapy Satisfaction Measure (MTSM), is different in two ways from those already existing. First, it is designed specifically for marital/couple

therapy. Second, it is designed to allow clients to measure their satisfaction with specific aspects of their therapy, as opposed to simply measuring general satisfaction. This research hypothesizes that the MTSM will correlate with another satisfaction instrument with established validity/reliability. Table 3 summarizes the content of the new instrument (MTSM) and details assorted literature citations.

Table 3

Summary of Elements for New Measure and Citations

<i>Aspect (Skill Category)</i>	<i>Citations</i>	<i>Description</i>
Caring (Relationship)	(Sells, Smith, & Moon, 1996), (Crane, Giffittin, & Hill, 1986), (White, Edwards, & Russell, 1997), (Figley & Nelson, 1989)	Therapist demonstrates a caring/empathetic persona towards clients.
Understanding (Relationship)	(Sells, Smith, & Moon, 1996), (Crane, Giffittin, & Hill, 1986), (McCollum & Beer, 1995), White, Edwards, & Russell, 1997), (Figley & Nelson, 1989), (Nelson & Figley, 1990)	Therapist makes an effort to understand clients.
Understand perspective in relationship (Relationship)	(Christensen, Russell, Miller, & Peterson, 1998), (White, Edwards, & Russell, 1997), (Pinsof, 1994)	Therapist tries to understand clients perspective in relationship
Encouraging (Relationship)	(Christensen, Russell, Miller, & Peterson, 1998), (White, Edwards, & Russell, 1997), (Figley & Nelson, 1990)	Therapist provides hope and encouragement
Reinforcement (Relationship)	(Christensen, Russell, Miller, & Peterson, 1998), (White, Edwards, & Russell, 1997)	Therapist reinforces positive change
Goals (Structuring)	(Sells, Smith, & Moon, 1996), (White, Edwards, & Russell, 1997), (Pearlmutter, 1992)	Therapist helps couple set clear, agreed upon goals
Homework (Structuring)	(Sells, Smith, & Moon, 1996), (Crane, Giffittin, & Hill, 1986), (White, Edwards, & Russell, 1997)	Therapist assigns homework/assignments to couple
Communication (Structuring)	(Lester & Doherty, 1983), (Beer, 1993), (Atwood, 1992)	Therapist improves communication of couple

Table 3 (continued)

Summary of Elements for New Measure and Citations

Fair (Relational)	(Sells, Smith, & Moon, 1996), (Christensen, Russell, Miller, & Peterson, 1998), (White, Edwards, & Russell, 1997), (Pinsof, 1994), (Beer 1993)	Therapist is impartial to both individuals in couple
Equal time (structuring)	(Sells, Smith, & Moon, 1996), (Christensen, Russell, Miller, & Peterson, 1998), (Pinsof, 1994)	Therapist gives both partners equal time in sessions
Safe Environment (structuring)	(Sells, Smith, & Moon, 1996), (Christensen, Russell, Miller, & Peterson, 1998), (White, Edwards, & Russell, 1997)	Therapist structures a non- threatening atmosphere in session
Pace (Structuring)	(Christensen, Russell, Miller, & Peterson, 1998)	Therapist accommodates to couples' level/needs
Hope (Relationship)	(Christensen, Russell, Miller, & Peterson, 1998), (Crane, Gittin, & Hill, 1986), (White, Edwards, & Russell, 1997)	Therapist is positive/hopeful towards couple
Relevant Goals (Structuring)	(Crane, Gittin, & Hill, 1986), (White, Edwards, & Russell, 1997)	Therapy goals are focused on relevant issues
Down to earth (Relationship)	(Sells, Smith, & Moon, 1996), (McCollum & Beer, 1995), (Beer, 1993)	Therapist is genuine, non- arrogant
Non-judgmental (Relationship)	(Sells, Smith, & Moon, 1996), (White, Edwards, & Russell, 1997), (Figley & Nelson, 1990), (Nelson & Figley, 1990)	Therapist does not judge clients
Flexible (Relationship)	(Nelson & Figley, 1990), (Christensen, Russell, Miller, & Peterson, 1998)	Therapist is not completely rigid in sessions
Content (Structuring)	(Crane, Gittin, & Hill, 1986), (White, Edwards, & Russell, 1997), (Figley & Nelson, 1990), (Nelson & Figley, 1990)	Therapist ensures content of therapy is meaningful to couples concerns/goals
Increased understanding (Structuring)	(Lester & Doherty, 1983), (Pearlmutter, 1992), (Beer, 1993)	Therapist increases understanding in relationship
Sense of humor (Relationship)	(Sells, Smith, & Moon, 1996)	Therapist uses humor when appropriate
Explains process (Structuring)	(Pearlmutter, 1992)	Therapist explains rationale of therapy
Individual sessions	(Pearlmutter, 1992)	Therapist offers partners individual time

CHAPTER TWO: METHODS

Subjects

The sample for this research was acquired from a range of clientele from several clinics/agencies and private practices. Ten clinics/agencies participated from five states (Illinois, Indiana, Florida, Utah, New Mexico). Inclusion parameters for participation included participants being engaged in marital/couple therapy and having completed at least 4 conjoint sessions.

Research Design

Therapists from the clinics/agencies informed their clients of their opportunity to be involved as subjects. The investigator supplied agency directors and private practitioners with a letter explaining the study (Appendix A), sample of the instrument, and a table citing the research for each item on the MTSM (Appendix B). Researcher attended staff meetings when possible and visited the local sites to propose research involvement, designated contact persons, and answered questions and concerns to stimulate motivation for the project. Therapists were instructed to inform their clients to assure them that their participation was completely voluntary and would

have no affect on their current treatment. This issue was also addressed in the client's participation instruction letter (Appendix C). Therapists were instructed to emphasize to their clients that they would never see their questionnaires and to assure them that their responses will be confidential. Therapists were reminded of these important points in their instruction letter.

All of these points were also included in a cover letter contained in the client's research packet that was distributed by therapists to their clients. The packet contained a cover letter with instructions, the newly created satisfaction measure as well as the Client Satisfaction Questionnaire. Couples were asked to complete the questionnaire separate from each other and then mail in their responses to Purdue University Calumet with the pre-paid envelopes provided with each packet.

Instruments

A new self-report instrument has been devised from the existing research that addresses the essential elements of either current or completed couple therapy. This measure contains 25 items, with the majority (23) of the items measured using a 4 point likert-type scale design. The four possible responses on this scale are strongly agree, agree, disagree, and strongly disagree. There are two qualitative open-ended questions at the end of the instrument addressing what the participants found effective/help and not

effective/unhelpful in their current marital therapy. The instrument also asked demographic information, which included age, sex, religion, marital status, years married/together, ethnicity, number of children, number of sessions attended, number of marriages, therapists' sex, amount charged per session. The MTSM is attached in Appendix D.

A second measure, the Client Satisfaction Questionnaire (Appendix E) was also included in the study. It consists of eight close ended questions, measured using a 4 point likert scale. The questions measure general satisfaction with clinical services (i.e. Did the program meet clients needs, clients rate the quality of services, did services help with dealing with problems). Possible responses were specific to each question asked.

CHAPTER THREE: RESULTS

Demographics

This section reports the results of the analysis of information from the demographic page of the questionnaire. There were a total of 45 respondents. Respondents ranged in age from 19 to 71 years with a mean age of 35 years ($SD = 11.24$). The gender of respondents was fairly equal, with 44% ($n=20$) being male, and 56% ($n=26$) being female. The ethnicity of the sample included 76% Caucasian ($n=34$), 7% Hispanic ($n=3$), 13% African-American ($n=6$), with 4% ($n=2$) not responding to this question. Table 4 depicts the categories of religions reported.

Table 4

Religion of Respondents

Religion	Percent
Catholic	6.7
Methodist	6.7
LDS	35.6
Baptist	20
Christian	8.9
Lutheran	2.2
Religious	2.2
Jehovah Witness	2.2
Non-Denominational	2.2
Presbyterian	4.4
None	6.7

Note. N = 45

The years of education completed for respondents ranged from 10 to 24 years, with a mean of 14.66 (SD = 2.72). The largest percentages were 12 years (24.4%), 14 years (15.6%), and 16 years (24.4%). Only two respondents did not complete high school.

Table 5 represents the marital status of the respondents. The majority of the sample was married. Also, 77.8 % of the sample were in their first marriage. The remaining of the sample were either in their second marriage (15.6%), or had never been married (6.7%).

Table 5

Marital Status of Respondents

<i>Marital Status</i>	<i>Percent</i>
Married	77.8
Separated	4.4
Divorced	4.4
Engaged	4.4
Single	8.9

Note. N = 45

The amount of years married/together in respondents' current relationship ranged from 1 to 25, with a mean of 9.7 (SD = 8.82). Over 55 percent (55.6%) of the respondents have been in their current relationship for six or less years. Also, 22.2% of the couples have been married over 22

years. Table 6 reports the number of children of the respondents, with the mean being 2.11.

Table 6

Number of Children of Respondents

<i>Number of Children</i>	<i>Percent</i>
0	20
1	24.4
2	20
3	8.9
4	17.8
5	4.4
6	4.4

Note. N = 45

The following summarizes information regarding the therapy of the respondents. The number of sessions attended ranged from 4-55, with a mean of 11 ($SD = 12.36$). Sixty percent of the sample had completed between 4 and six sessions. Only 4.4% of the sample had actually ended therapy, which had been two weeks from filling out the questionnaire.

The amount the couples were charged for therapy ranged from \$0 to \$80 dollars, with a mean of \$26 ($SD = 26.33$). The largest percentage (22.2%) of the sample was not charged for services. A little over 53% of the

sample paid \$12 or less for services. Table 7 depicts the gender of therapists involved.

Table 7

Gender of Therapist

<i>Therapist Gender</i>	<i>Percent</i>
Male	37.8
Female	51.1
Both (co-therapy)	11.1

Note. N = 45

Results from measures

A total of 45 of the MTSM's and also the CSQ-8's were returned. The maximum number of points possible for the MTSM was 92 (23 four point likert questions). The maximum number of points possible for the CSQ-8 was 32 (8 four point likert questions). The results show the minimum score of the MTSM was 55; with the maximum score being 92. The minimum score for the CSQ-8 was 17, with a maximum score of 32. The mean scores for the measures were 78.6 for the MTSM, and 27.57 for the CSQ-8.

Table 8 shows the bivariate Pearson correlation coefficient for the MTSM and the CSQ-8. As evident in table 8, there was a significant (at the $p < .01$) positive correlation between the scores on these measures. This

means that the higher/lower a respondent tended to rate their therapy on one of these measures, the higher/lower they tended to respond on the other measure.

Table 8

Bivariate Pearson Correlation Coefficients for the MTSM and the CSQ-8

	<i>MTSM</i>	<i>CSQ-8</i>
MTSM		0.761**
CSQ-8	0.761**	

Note. ** $p < .01$

Reliability of the MTSM was assessed using both the Cronbach's alpha and Guttman's split-half coefficients. The Cronbach alpha for the MTSM was $\alpha = .97$ and the split-half coefficient was .98.

A bivariate correlation analysis was run between the items of the MTSM and the CSQ-8. The results are listed in table 9. The majority of the items had significant (at the * $p < .05$ and ** $p < .01$) positive correlations. Three items from the MTSM had either no significant or lower significant correlations with several items of the CSQ-8. The three MTSM items (bolded in table) included: MTSM #7 (My therapist gives us homework assignments that correspond to our goals), MTSM #15 (Our therapist seems down to earth), and MTSM #17 (Our therapist is flexible and open-minded).

Table 9

Bivariate Pearson Correlation Coefficients for the Items of the MTSM and the CSQ-8

<i>Measure #</i>	<i>CSQ1</i>	<i>CSQ2</i>	<i>CSQ3</i>	<i>CSQ4</i>	<i>CSQ5</i>	<i>CSQ6</i>	<i>CSQ7</i>	<i>CSQ8</i>
MTSM 1	.577**	.515**	.483**	.459**	.500**	.557**	.564**	.521**
MTSM 2	.649**	.631**	.412**	.534**	.568**	.453**	.679**	.615**
MTSM 3	.579**	.480**	.427**	.556**	.480**	.440**	.597**	.545**
MTSM 4	.454**	.421**	.377*	.439**	.455**	.365*	.505**	.541**
MTSM 5	.579**	.480**	.427**	.556**	.609**	.440**	.597**	.621**
MTSM 6	.568**	.464**	.437**	.351*	.553**	.289	.620**	.474**
MTSM 7	.367*	.227	.341*	.375*	.348*	.208	.432**	.438**
MTSM 8	.279	.343*	.438**	.386**	.541**	.588**	.370*	.396**
MTSM 9	.509**	.539**	.426**	.593**	.615**	.456**	.663**	.688**
MTSM 10	.446**	.502**	.458**	.637**	.643**	.441**	.652**	.620**
MTSM 11	.531**	.547**	.486**	.677**	.631**	.469**	.688**	.552**
MTSM 12	.391**	.539**	.499**	.547**	.498**	.431**	.620**	.504**
MTSM 13	.538**	.549**	.422**	.487**	.533**	.514**	.548**	.415**
MTSM 14	.501**	.518**	.385**	.570**	.510**	.311*	.566**	.573**
MTSM 15	.270	.299*	.191	.319*	.265	.221	.390*	.249
MTSM 16	.540**	.574**	.415**	.616**	.549**	.324*	.662**	.589**
MTSM 17	.305*	.256	.263	.289	.288	.260	.415**	.296*
MTSM 18	.488**	.553**	.531**	.566**	.581**	.431**	.633**	.563**
MTSM 19	.551**	.507**	.511**	.600**	.583**	.468**	.647**	.621**
MTSM 20	.420**	.264	.228	.324*	.440**	.417**	.489**	.449**
MTSM 21	.300*	.507**	.344*	.450**	.462**	.546**	.468**	.548**
MTSM 22	.289	.511**	.378**	.504**	.438**	.402**	.491**	.391**
MTSM 23	.610**	.697**	.543**	.685**	.686**	.475**	.634**	.626**

Note. * $p < .05$ ** $p < .01$

Gender differences

Mean comparisons were run between scores of the measures and the gender of the therapist. The gender of the therapist did not produce a significant difference in scores for either measure (Table 10). However, one difference noted is that cases involving both genders (co-therapy) scored significantly lower than the other two cohorts.

Table 10

Differential in Scores of Surveys and Therapist Gender

<i>Therapist's Gender</i>	<i>MTSM Score</i>	<i>CSQ-8 Score</i>
Male	79.82	27.76
Female	80.09	28
Both (co-therapy)	68	25

Table 11 reports the gender of the respondents' differentials for both measures. As a whole, gender means were very close, not showing a statistically significant difference.

Table 11

Gender of Respondents and Mean Scores for Measures

<i>Gender of Respondent</i>	<i>MTSM</i>	<i>CSQ-8</i>
Male – Mean	78.3	27.05
Female – Mean	78.9	28
Total – Mean	78.6	27.57

A case-by-case analysis was run between each case in which both partners returned the measures. The overall mean analysis previously reported would suggest little difference. However, partners did rate their perception/evaluation of the therapy differently (see table 12). Out of the 25

cases involved, in 80 percent of the cases (20) both partners sent back the measures. With regards to the MTSM, of those 20, only twice did the partners' scores match perfectly. Of the remaining 18 cases, the differential in scores ranged from [0 to 21] points for the MTSM. The average mean differential was 7.8. With regards to the CSQ-8, only 4 of the 20 cases had matching scores. The differential in scores ranged from 0 to 9 points. The average mean differential was 3.2

Table 12

Differential in Scores of Surveys Returned by Both Partners for MTSM and CSQ-8

	<i>Percentage of cases in which scores matched perfectly</i>	<i>Percentage of cases with differential in scores</i>	<i>Range of differential scores</i>	<i>Mean of differential in scores</i>
MTSM	10%	90%	0-21	7.8
CSQ-8	20%	80%	0-9	3.2

One concern in marital therapy is that the partner whose gender is opposite of the therapist may feel outnumbered, given that there are two of the opposite sex in session. It would seem a normal deduction that a client whose gender was in opposition to the therapist would rate their evaluation of the therapy lower than their partner who shared the same gender as the

therapist. Results were analyzed to see if the sex of the respondent and the sex of the therapist affected scores of the measures. Table 13 summarizes these results. In the few cases where there was co-therapy, the male partner always rated the therapy higher. Although female therapists had a higher percentage of same sex respondents reporting higher satisfaction, both male and female therapists had relatively close percentages of same sex respondents reporting lower satisfaction with the therapy.

Table 13

Therapist Gender and Respondent Gender Analysis

<i>Therapist Gender</i>	<i>% of cases that same sex respondent reported higher satisfaction</i>	<i>% of cases that same sex respondent reported lower satisfaction</i>	<i>% of cases with no difference in partners scores</i>
Male	11%	28%	0%
Female	28%	22%	11%

A mean analysis was conducted on each item from the MTSM. Upon reviewing these results the following reports on which items clients scored their therapists highest and lowest on (see Table 14). The top four items for the highest and lowest scores are worthy of highlighting. The highest mean score (3.6) was for item # 4 which states that "the therapist says encouraging remarks in session." There was a tie for the next highest mean

of 3.58 between items number 2 and 15. Item 2 states that “the therapist makes an effort to understand the individual in the relationship”, whereas item 15 measures the clients’ perception of their therapist being “down to earth.” The last highest mean of 3.56 is for item #17 stating that the therapist is “flexible and open-minded.” All four of these items relate to relationship skills in therapy.

The lowest mean score (3.27) was recorded for two items. Items number 7 and 22. Item 7 states that therapists give homework that correspond to clients goals, and item 22 refers to the therapist offering to see couple individually when needed. The next two items (scoring 3.29) are numbers 6 and 10. These items ask clients to respond to issues of having “clear, agreed up on goals for therapy” and if they feel that “overall they receive an equal amount of time to express themselves as their spouse/partner in sessions.” These four items are related to structuring skills for a therapist.

Table 14

Highest/Lowest Items Scored on the MTSM

<i>Item from MTSM</i>	<i>Mean score</i>
My therapist says things in session to encourage us	3.6
My therapist makes an effort to understand me	3.58
Our therapist seems down to earth	3.58
Our therapist is flexible and open-minded	3.56
Overall, I get an equal amount of time as my spouse/partner in session to express myself	3.29
We have clear, agreed upon goals for therapy	3.29
My therapist gives us homework assignments that correspond to our goals	3.27
Therapist has offered to see us individually when needed	3.27

It is important to highlight those items in which there was a lack of any negative response whatsoever. This would be defined as those items in which all respondents reported to agree or strongly disagree to the item, with a lack of any responses of disagree or strongly disagree. The following items qualify in this category (Table 15). It should be noted here that two of the items (15 and 17) identified here were previously identified as having the weakest correlations with the items of the CSQ-8.

Table 15

Items from MTSM in which All Respondents Reported Positively

<i>Item Number</i>	<i>Item</i>
1	My therapist seems to care about me
4	My therapist says things in session to encourage us
15	Our therapist seems down to earth
17	Our therapist is flexible and open-minded

There are other items in which only one negative response was reported. These items also seem noteworthy to highlight as all but one respondent reported to agree or strongly agree with them in regards to their therapy (Table 16).

Table 16

Items from MTSM with Only One Negative Response (Disagree)

<i>Item</i>	<i>Item</i>	<i>Number of Disagree responses</i>	<i>Number of Agree Responses</i>	<i>Number of Strongly Agree Responses</i>
2	My therapist makes an effort to understand me	1	18	28
3	My therapist makes an effort to understand my perspective in our relationship	1	20	26
5	My therapist compliments/reinforces changes we are making	1	20	26

Grouping Differences

The following reports differences in groupings of cases sorted by two factors. The first factor is how many sessions respondents had completed when filling out the measures. Research divided the data into two groups, the first having completed ten or less sessions. The second group had completed over ten sessions. Table 17 displays that the mean scores for the MTSM and the CSQ-8 for these groups. The first group (ten or less session) reported a mean of 78.37 for the MTSM and 27.89 for the CSQ-8. The second group reported a mean of 79.60 for the MTSM and 26.50 for the CSQ-8. So groups that had attended more than ten sessions rated the process of their therapy somewhat higher using the MTSM, but the scores are not statistically significant.

Table 17

Mean Scores for Both Measures and Two Cohorts for Number of Sessions

<i>Number of Sessions</i>	<i>N</i>	<i>MTSM</i>	<i>CSQ-8</i>
4-10	35	78.37	27.89
10-55	10	79.6	26.5

Table 18 reports the results for the second factor, this being the amount of the fee being paid per session for services. Cohorts were divided into two groups, the first group paying less than \$30, the second group

paying \$30 or more. The results show that clients in the first group reported lower scores for both the MTSM (77.39) and the CSQ-8 (27.29) with regards to the second group who's scores were (80.71) for the MTSM and (28.06) for the CSQ-8.

Table 18

Mean Scores for Both Measures and Two Cohorts for Amount of Session Fee

<i>Session Fee</i>	<i>N</i>	<i>MTSM</i>	<i>CSQ-8</i>
\$0-\$29	28	77.39	27.29
\$30-\$80	17	80.71	28.06

Qualitative Analysis on Open-Ended Questions

The MTSM contained two open-ended questions for clients to respond to. There were the last two items on the measure. The first of such was item 24, which stated "Please comment on what you find helpful/effective in your couple therapy". The second open-ended question was item 25, which stated "Please comment on what you find NOT helpful/ineffective in your couple therapy". The response rate for these questions is listed in table 19. For item 24, a total of 34 responses were recorded from clients (76 % response rate). For item 25, there were a total of 26 responses (58% response rate).

Table 19

Response Rate for Open-ended Questions on MTSM

<i>Item</i>	<i>N</i>	<i>Response Rate</i>	<i>% of Women</i>	<i>% of Men</i>
Please comment on what you find helpful/effective in your couple therapy	34	76%	65%	35%
Please comment of what you find NOT helpful/ineffective in your therapy	26	58%	73%	27%

A process of content analysis was performed from the data taken directly from the measures. Themes/categories were identified and each response was classified into a category. Table 20 reports these findings from item number 24, which asked clients what they found helpful/effective in their therapy. Following the table, examples of the responses are reported.

Table 20

Content Analysis of Responses to Item 24 "Please comment on what you find effective/helpful in your couple therapy"

<i>Theme</i>	<i>N</i>	<i>Percentage</i>	<i>Percentage Women</i>	<i>Percentage Men</i>
Improvement of communication	11	28%	73%	27%
Increased understanding	10	25%	60%	40%
Safe environment	9	23%	33%	67%
Therapist skills	4	10%	75%	25%
Helps my partner	2	4%	50%	50%
Miscellaneous	4	10%		

The theme of improved communication had the most responses (n=11) in the group. Several of the responses in the group stated that therapy helped them to talk more (I'm learning to communicate more with my partner), identified ways to communicate with each other differently (I learned to express myself better and more accurate), and how to improve listening skills (Learning to listen to each other has been very helpful).

The category of increased understanding had several responses (n=10). The content of these responses generally revolved around client's reporting an increase in understanding of their spouse/partner (I have developed a better understanding of how my partner is affected by my

actions or lack of action, ..be more understanding of each others needs).

Also mentioned was defining/understanding the problem (The processes/procedures help us determine the root of the problem).

There were several comments on therapy sessions being a safer place to discuss issues (What I found most beneficial is that our therapist created a safe environment for us to work out our issues...). Clients reported appreciating a neutral environment, which issues could be discussed (We're able to express feelings in a controlled environment so that our point is heard instead of the situation escalating).

This next section reports the results from item 25, which asked clients what they found NOT helpful/ineffective in their therapy. Table 21 summarizes the categories, and examples will follow the table.

Table 21

Content Analysis of Responses to Item 25 "Please comment on what you find ineffective/unhelpful in your couple therapy"

<i>Theme</i>	<i>N</i>	<i>Percentage</i>	<i>Percentage of Women</i>	<i>Percentage of Men</i>
Nothing	7	27%	57%	43%
Important issues not being addressed	4	15%	50%	50%
Structure of sessions	4	15%	100%	0%
Spouse/partner being problematic	4	15%	100%	0%
Therapist	4	15%	75%	25%
Miscellaneous	3	13%	67%	33%

This largest category (n=7) contained responses that nothing was unhelpful or ineffective with regards to the therapy. In these cases, clients actually wrote something, as opposed to leaving it blank (There is nothing not helpful, 0). Other responses (n=4) shared the concern that sessions were not focused on the relevant issues (She doesn't let us both talk each week and is not intuitive enough to get to the most important issues). Some clients felt time was being wasted in session (Sometimes I feel we need to get back to our issues instead of discussing our week).

Some clients reported that the structure of the sessions were unhelpful (n=4). Clients reported either not enough time in sessions (Time limits, would like longer sessions, therapists are not available consistently enough), or too much time in between them (Too long between sessions).

Some respondents (n=4) attributed the unhelpful elements of therapy to their spouse/partner (It is difficult to get my husband to talk about his feelings..., I am trying to write down in my journal but my spouse doesn't attempt to write down his feelings). Other responses (n=4) included something about the therapist being problematic (Was upset, counselor told me how to feel about my bishop..., Sometimes I think we need our therapist to say she agrees or disagrees with one of us).

CHAPTER FOUR: DISCUSSION

The primary purpose of this research project was to test the new devised measure (MTSM) with clients engaged in marital/couple therapy and to establish some beginning validity. Researchers are encouraged to report a significant positive correlation (.761) between the MTSM and the CSQ-8 (at the $p < .01$ level). The previous literature has supported CSQ-8 as a fairly valid and reliable measure for client satisfaction. This appears to support the hypothesis that the MTSM would correlate with another valid/reliable measure and suggest some validity to the MTSM. This validity suggests that the MTSM does measure satisfaction with elements of marital/couple therapy. However, it must be noted this is only the first use of this measure.

The measures themselves were different in two significant factors. First the MTSM items addressed specific elements of marital/couple therapy, as the CSQ-8 items address general outcome issues and are worded as if the therapy is completed. Also, the MTSM addresses many issues specific to marital/couple therapy. The CSQ-8 is designed for any therapeutic modality whether it is individual, marital/couple, or family therapy. Thus the two measures were different. Clients were instructed to complete the MTSM first,

and second the CSQ-8. The hope was to attempt to keep clients pondering the elements of their therapy while completing the CSQ-8.

The results of the surveys warrant discussion, beginning with the 23 likert items on the MTSM. It seems important to discuss what clients reported as strengths in their therapy and check for validation among the literature. The items with the highest mean scores (or had all positive responses) mostly revolved around relationship skills of the therapist to their clients. These would be issues of being empathetic, caring, down-to earth and flexible.

These results correlate with previous literature (Sells, Smith, & Moon, 1990)(Christensen, Russell, Miller, & Peterson, 1998)(Crane, Giftin, & Hill, 1986)(McCollum & Beer, 1995). All of these studies sampled clients to respond to identifying why or how their therapy was effective. Results from these previous studies all highlight the importance of these relationship skills, and in some were reported as the most significant. The results from this study seem to add more support for the statement "people don't care how much you know, until they know how much you care". Said differently, clients may be presented with valid interventions, yet not embrace them or perhaps the process of therapy in general due to relational problems with the therapist.

In contrast, the data reporting the lowest mean scores relate to structuring skills of the therapist. This relates to how the sessions are structured, what the goals are, who speaks during sessions, and interventions utilized. These issues are also stated in the research cited in the above paragraph and are warranted as important issues from the literature.

A common stereotypical assumption would assume that gender is a significant predictor of satisfaction. The assumption would be that women would be more satisfied with their marital therapy than men. This theory is normally based on the premise that men do not like what is associated with therapy. More specifically opening up emotionally, talking about feelings, and so forth.

The results first suggested very little of differences in therapy satisfaction between males and females. The means for the scores on both measures, according to gender, were very similar. However after analyzing the data from each case in which a measure was returned by both partners in a relationship, there were found to be quite significant differences in partners' scores (with a mean difference of 7.8 on the MTSM and 3.2 for the CSQ-8). Partners do disagree on the effectiveness of their marital/couple therapy. However, the difference in reported satisfaction with therapy in this research is not limited to the scenario of the woman rating the experience higher than

her male counterpart. This data reports that men and woman equally rated their experiences in therapy higher/lower than their spouse/partner.

The gender of the therapist is also noteworthy. The overall means on both measures were very similar, with only a fraction of a point in differences. This compliments both male and female practitioners for their effective work with marital cases. One interesting finding was that satisfaction was scored lowest for couples engaged with co-therapists (both a male and female therapist). The mean score for the MTSM completed by clients seen by co-therapists was approximately 12 points lower than the averages for either a male or female therapist. Co-therapy is most often utilized in educational settings, as the economics of this practice is more feasible in such a context. Private practitioners are less likely to share fees for their clients. So given that educational settings most likely have less experienced therapists, this could be one explanation for this finding. One caveat is that the number of co-therapy cases was extremely low in this study, with only six surveys returned from this treatment modality. Thus explanations should be viewed as speculative.

Another interesting finding presented itself regarding therapist gender and satisfaction. Another assumption is that clients who share the same gender as the therapist will rate their experience more positively than an opposite gendered spouse/partner. When the client shares the same

gendered of their therapist, they often feel they have “someone fighting for them/their side in the therapy room”. While some clients have expressed this, data from this project contradict this assumption.

The data show that the percentage of cases in which clients who shared the same gender in therapy who rated their marital therapy lower than their spouse/partner were closer than might be expected. In twenty-eight percent of the cases in which both partners returned the surveys, the male respondents reported lower satisfaction with their male therapists. Twenty-two percent of these cases, a female respondent rated their female therapist lower than their male spouses/partners. Thus the gender of the client does not seem to automatically predict satisfaction with their therapist nor the process of the therapy.

Therapeutic Implications

There seems to be potential, when doing clinical research on satisfaction, to obtain majorities of data from satisfied clients as opposed to unsatisfied clients. One possible explanation is that dissatisfied clients may feel uncomfortable bringing up their concerns, or may feel it is inappropriate. Also if clients are dissatisfied with their therapy, they are less likely to comply with requests from their therapist.

Ironically not knowing how to bring up concerns may sometimes be isomorphic to the problem in a couples' relationship. A couples' relationship may show avoidance of conflict with no means to express thoughts, feelings, or beliefs. Clients should be assured that they are free to voice concerns with their therapy. Therapists might explain the importance of expressing concerns on the onset of treatment, as an attempt to avoid concerns to fester in sessions. Perhaps therapists can frame discussing concerns with the therapy as important to the therapy process and highlight it as a strength in the therapeutic relationship. Therapists may also then relate the importance of disclosing concerns of the therapy to the couples' relationship and use it as an intervention into their relationship.

Furthering this Research

The present study provides some initial evidence regarding the validity and reliability of the MTSM. More studies of this type need to be completed in order to establish the reliability and validity of the measure. Future testing needs to include a larger number of respondents, and more diversity in the sample. A higher number of responses will increase options for statistical analyses. However, before re-testing is considered, it seems prudent to revisit the measure itself. Revising and fine-tuning the MTSM would be beneficial to improving the data to be obtained.

Some formatting changes could improve this measure. Instead of allowing all the answers to be on the exact same scale and in the same columns, a revised measure could make changes to increase discrimination of the items. One strategy for this revision would be to change the answers to match the item topic. In other words, instead of the same responses for each item (SA, A, D, SD), the measure could contain different responses. For example, item number 6 from the MTSM states "We have clear, agreed upon goals for therapy". Responses here could be "I understand most of our goals", "I understand some of our goals", "I understand very little of our goals", and "I do not understand any of our goals".

Another strategy would be to change the actual position of positive/negative answers to be in different locations. Changing the position of responses could inhibit clients' tendency to simply respond down the same line of responses to quickly complete the measure. Designing the positive and negative responses to be in varied locations could increase the amount of thought a client would have to take to consider and circle their response.

Some of the items could be eliminated to help the measure be more precise. Three items from the MTSM were statistically less significant when compared to its remaining twenty items and their correlations with the items from the CSQ-8. Given the strength of the other items' correlations, removing these three items could improve the MTSM. The fewer the number

of items to respond to, the more time clients may spend contemplating their answers. Changing the position of responses and shortening the measure, have the potential to increase discrimination in responses and increase variance in the data from the MTSM.

Another future possibility is to increase collaboration on the items for the measure. Samples of the MTSM could be sent out to a series of individuals for feedback. This could include educators in the field, practitioners, and clients or previous clients engaged in marital/couple therapy. The input from these sources has the potential to contribute to a better measure for the process of marital/couple therapy.

Limitations

Limitations to this study include the low number of respondents in the sample as well as its homogeneity. The sample contained a high percentage of Caucasians, with little ethnic diversity. Results did show that African-Americans rated their therapy the highest, however there were only six African-American responses. Thus, speculation regarding any ethnic effect on the results is not possible with this data.

The high means for both measures (the MTSM & the CSQ-8) indicate a selection bias. It seems that the clients who are satisfied are the ones who took the time to complete the measures. These clients may want to please their therapist by completing any task their therapist requests of them. This

is consistent with other satisfaction literature with high rates of positive responses to satisfaction of therapy research. Doherty & Simmons (1996) reported in one study that 98.1 percent of respondents reported their therapy as good or excellent, with 93 percent feeling their needs were met. Another study (Lester & Doherty, 1983) found that 80% of couples rated their therapy as a positive experience. Obtaining data from mostly satisfied clients seems typical when engaged in client satisfaction research.

Another limitation would be the low amount of variance in responses to the items from the MTSM and the CSQ-8. Not only were many of the surveys returned with high scores; many of the surveys were returned with all or almost all of the same responses for each item. For example some respondents circled "strongly agree" or "agree" for most of the items. Both of these issues raise a valid concern with this data. These circumstances limit the ability for the generalizability of findings.

Conclusions

The preliminary measures of validity and reliability of the MTSM are encouraging and lend toward its promising potential as a valid and useful instrument. The MTSM has answered the suggestion of researchers (White, Edwards, & Russell, 1997) to use their data to create instruments to be used in the field. This project constructed an instrument aimed to measure satisfaction with important elements that have been identified for marital

therapy. This instrument has potential to (a) help therapists measure their efficacy, (b) training programs to monitor their students, and (c) give clients a voice in their treatment.

Therapists should be concerned with their clients' perceptions before therapy is terminated. This measure gives one option of obtaining this information. A hope of this researcher is that clinics and agencies find ways to measure their clients satisfaction with aspects of their therapy.

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APPENDICES

APPENDIX A

CONSTRUCTION AND TESTING OF A MARITAL/COUPLE SATISFACTION MEASURE

Dear agency director/clinical director/therapists:

I am a masters student at Purdue University Calumet, in the Marriage and Family Therapy program. I am conducting my masters thesis at this time and am soliciting the involvement of your agency/clients.

Upon reviewing the literature, most measures that clients are asked to fill out are either for assessment purposes, or general satisfaction. Most satisfaction measures are outcome oriented and also designed for individual psychotherapy. With the advent of marital/couple therapy, there is a clear need for a valid and reliable marital/couple therapy satisfaction measure. An extensive review of research has been completed accessing both professionals and clients perspectives on effective marital/couple therapy. From this review, a new measure has been developed that addresses effective process variables of couple/marital therapy. Attached is the new measure, as well as a table that briefly outlines each items purpose with the corresponding literature review citations. The second measure located on the back of the new measure is the Client Satisfaction Questionnaire, an 8-item general satisfaction measure with established validity and reliability. Correlation's will be run on these questionnaires in hopes to support validity of the new measure.

I am asking you to allow your clients engaged in couple/marital therapy (who have at least completed 4 sessions) to be potential research participants in this project. Therapists will inform clients of the project and give each couple a research packet (which includes two copies of the measures, one for each individual). Each partner/spouse will receive: a participation instruction form, a basic demographic page stapled to the two questionnaires to be completed (both are on one page, front and back), and a postage-free return envelop addressed to Purdue University Calumet. **Clients should be asked to fill out the measures separate from their partner/spouse at your clinic and mail them back in the postage-free self addressed envelopes. Participation should take approximately 5-7 minutes.**

Clients must be assured that their participation is voluntary and that whether they participate or not will have no bearing or affect on their treatment by their therapist. Participants must also be assured that their responses will be completely anonymous, as there are NO identifying information on the measure (name, address, name of therapist) as well as confidential as their responses will only be seen by research investigators.

This is an exciting project that not only attempts to fill an important void in the professional world, but also gives clients a voice in their treatment. Agency directors and supervisors can also use results of such an instrument for quality assurance and supervision issues. Therapists can have their strengths highlighted and areas of concern visited. Agencies could plan training or in-service days that may address areas shown to need attention. Couples engaged in therapy have a chance to voice concerns that may have previously been left unsaid resulting in ineffective therapy. Perhaps if these areas can be addressed, alterations can be made in the therapy to increase the chance of a successful outcome and may be able to decrease the drop-out rate of couple/marital clients. If desired, a completed copy of this thesis may be solicited by the agency by emailing me, and I will email a copy to those interested.

If you have any questions or concerns please feel free to contact me. My phone number is (219) 864-5994. My email address is: docbing@netnitco.net I thank you for your time and hope you choose to participate. Good luck in all your endeavors!

Sincerely,

Jesse Bingham, B.S.
Purdue University Calumet
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Schererville, IN 46375-2728
(219) 864-5994
Email: Docbing@netnitco.net

APPENDIX B

1. My therapist seems to care about me	(Sells, Smith, & Moon, 1996), (Crane, Giffittin, & Hill, 1986), (White, Edwards, & Russell, 1997), (Figley & Nelson, 1989)	Therapist relationship skill. Therapist demonstrates a caring/empathetic persona towards clients.
2. My therapist makes an effort to understand me	(Sells, Smith, & Moon, 1996), (Crane, Giffittin, & Hill, 1986), (McCollum & Beer, 1995), White, Edwards, & Russell, 1997), (Figley & Nelson, 1989), (Nelson & Figley, 1990)	Therapist relationship skill. Therapists' ability to help client feel that they care about them as individuals and are understood.
3. My therapist makes an effort to understand my perspective in our relationship	(Christensen, Russell, Miller, & Peterson, 1998), (White, Edwards, & Russell, 1997), (Pinsof, 1994)	Therapist relationship skill. Therapist is able to maintain an equal alliance with couple in making sure both partners' perception of the relationship is understood.
4. My therapist says things in sessions to encourage us	(Christensen, Russell, Miller, & Peterson, 1998), (White, Edwards, & Russell, 1997), (Figley & Nelson, 1990)	Therapist relationship skill. Therapist provides positive motivation, and a hopeful atmosphere.
5. My therapist compliments/reinforces changes we are making	(Christensen, Russell, Miller, & Peterson, 1998), (White, Edwards, & Russell, 1997)	Therapist relationship skill. Therapist provides reinforcement and encourages clients when change occurs.
6. We have clear, agreed upon goals for therapy	(Sells, Smith, & Moon, 1996), (White, Edwards, & Russell, 1997), (Pearlmutter, 1992)	Therapist structuring skill. Therapist has helped couple set clear goals for the therapy.
7. My therapist gives us homework assignments that correspond to our goals.	(Sells, Smith, & Moon, 1996), (Crane, Giffittin, & Hill, 1986), (White, Edwards, & Russell, 1997)	Therapist structuring skill. Therapist gives assignments for couple to take home and engage them in the process outside the therapy room.
8. We are learning better ways to communicate with each other in therapy	(Lester & Doherty, 1983), (Beer, 1993), (Atwood, 1992)	Therapist structuring skill. Therapist is able to break clients free from destructive communication patterns and give them alternatives, better ways to communicate.
9. Overall, I don't feel my therapist takes sides	(Sells, Smith, & Moon, 1996), (Christensen, Russell, Miller, & Peterson, 1998), (White, Edwards, & Russell, 1997), (Pinsof, 1994), (Beer 1993)	Therapist relationship skill. Clients don't feel that their therapist take sides in couple work.

10. Overall I get an equal amount of time as my spouse/partner in session to express myself	(Sells, Smith, & Moon, 1996), (Christensen, Russell, Miller, & Peterson, 1998), (Pinsof, 1994)	Therapist structuring skill. Therapist structures session so that both partners get time to express themselves.
11. I feel safe to be able to speak about uncomfortable issues in sessions about my relationship	(Sells, Smith, & Moon, 1996), (Christensen, Russell, Miller, & Peterson, 1998), (White, Edwards, & Russell, 1997)	Therapist structuring skill. Therapist facilitates a non-threatening atmosphere for couples to express feelings.
12. Our therapist conducts sessions at our own pace	(Christensen, Russell, Miller, & Peterson, 1998)	Therapist structuring skill. Therapist adjusts therapy content to the clients and their needs.
13. Our therapist gives us hope that our relationship can change	(Christensen, Russell, Miller, & Peterson, 1998), (Crane, Giffitt, & Hill, 1986), (White, Edwards, & Russell, 1997)	Therapist relationship skill. Therapist facilitates a positive/hopeful atmosphere to the couple.
14. Our goals are addressing the concerns in our relationship	(Crane, Giffitt, & Hill, 1986), (White, Edwards, & Russell, 1997)	Therapist structuring skill. Therapist has helped couple forge goals that are relevant to their concerns.
15. Our therapist seems down to earth	(Sells, Smith, & Moon, 1996), (McCollum & Beer, 1995), (Beer, 1993)	Therapist relationship skill. Therapist portrays a genuine and non arrogant persona.
16. Our therapist is non-judgmental towards me	(Sells, Smith, & Moon, 1996), (White, Edwards, & Russell, 1997), (Figley & Nelson, 1990), (Nelson & Figley, 1990)	Therapist relationship skill. Therapist maintains a non-threatening, non-judgmental atmosphere towards clients.
17. Our therapist is flexible and open-minded	(Nelson & Figley, 1990), (Christensen, Russell, Miller, & Peterson, 1998)	Therapist structuring skill. Therapist is not completely rigid in the process of therapy.
18. The important issues of our relationship are being addressed in session	(Crane, Giffitt, & Hill, 1986), (White, Edwards, & Russell, 1997), (Figley & Nelson, 1990), (Nelson & Figley, 1990)	Therapist structuring skill. Therapist ensures sessions are beneficial and purposeful towards clients relationship.
19. Our therapist is helping us understand our feelings/emotions towards each other	(Lester & Doherty, 1983), (Pearlmutter, 1992), (Beer, 1993)	Therapist structuring skill. Therapist is helping clients gain perspective on their emotions regarding the relationship.
20. Our therapist has a sense of humor	(Sells, Smith, & Moon, 1996)	Therapist relationship skill. Therapist uses humor when appropriate, creates a relaxing context.
21. Our therapist gives rationale and explains therapeutic processes	(Pearlmutter, 1992)	Therapist structuring skill. Therapist explains processes to the couple to increase understanding.
22. Therapist has offered to see us individually when needed	(Pearlmutter, 1992)	Therapist structuring skill. Therapist gives partners time alone during therapy.

23. Overall I am satisfied with the help we are receiving	General overall satisfaction.
24/25. Qualitative questions asking for comments on what clients find helpful/non helpful in their therapy	Qualitative component regarding strengths & weaknesses.

APPENDIX C

RESEARCH PARTICIPATION INSTRUCTION FORM MARITAL/COUPLE THERAPY SATISFACTION MEASURE Thomas Pavkov

Behavioral Sciences

Purpose of Research

This research project is interested in evaluating and testing a newly constructed questionnaire designed to address satisfaction of couple/marital therapy. Many tests/questionnaires are designed for assessment purposes, in helping professionals plan the most effective course of therapy. There are several questionnaires that address satisfaction, but most are designed for individual psychotherapy. There is a need to devise and test measures specific to issues of couple/marital therapy. This newly composed questionnaire was designed by accessing both professionals and clients perspectives on effective couple/marital therapy.

Duration of Participation

If participants choose to participate, each partner is given a packet that contains: this participation form, two measures to complete, a postage-free return envelope to mail responses to Purdue University Calumet. Participants are asked to complete the two measures independent of their spouse/partner as close to the time they receive the packet as possible. Most of the questions simply involve circling an answer that pertains to the current couple/marital therapy experience. Upon completion of the measures, participants are asked to mail back the two completed measures in the postage-free return envelope. This will complete participation requirements. Participation is then limited to answering the questionnaires and then returning them in the envelope.

Risks/Benefits of Participation

Risks in participation are low. One possible risk of participation would be mild discomfort when filling out the questionnaires. A participant may choose to address this with their therapist. Benefits in participating include being able to contribute to validating this new measure. This measure not only gives clients a voice in their treatment, but also therapists obtain valuable information to not only continue productive/positive practices, but address areas of concern from clients.

Confidentiality

Participant's information from the questionnaires will be held completely confidential. No identifying information (name, address, name of therapist) is used on the questionnaire. All obtained questionnaires will only be seen by research investigators and shall by no means be returned to the participants' therapist or agency of service.

Voluntary Nature of Participation

You do not have to participate in this research project. If you do agree to participate you can withdraw your participation at any time without penalty. Your therapist/agency will not be informed whether you choose to participate, or not, or if you withdraw at any time.

Human Subject Statement

If you have any questions about this research project, contact Thomas Pavkov at 219-989-2029. If there are concerns about the treatment of research participants, contact the Committee on the Use of Human Subjects at Purdue University, ENAD 328, West Lafayette, IN 47907. The phone number for the Committee's secretary is (765) 494-5942. The email address is humans@sps.purdue.edu.

Sincerely,
Jesse Bingham
Purdue University Calumet

Appendix D

Please complete the information in this section, and then complete the questionnaires on the following page (front & back). Please fill the questionnaires out by yourself and not with your spouse/partner.

1. Age: _____
2. Gender (Circle one): Male / Female
3. Ethnicity: _____
4. Religion: _____
5. Years of education completed: _____
(i.e., Completed High School =12, Completed Bachelor degree=16)
6. Marital Status (Circle one): Married – Separated – Divorced – Engaged
Single
7. Years married/together in current relationship: _____
8. Number of Children: _____
9. Number of marriages: _____
10. Number of sessions attended in current/most recent therapy: _____
11. If therapy has ended, how long ago (weeks) _____
12. Therapist's sex (Circle One): Male / Female
13. How much were you charged per session: \$ _____

With respect to your current couple/marital therapy, please think about the process of your therapy and then answer each item by circling a response.

SD = Strongly Disagree D = Disagree A = Agree SA = Strongly Agree

- | | | | | |
|--|----|---|---|----|
| 1) My therapist seems to care about me | SD | D | A | SA |
| 2) My therapist makes an effort to understand me | SD | D | A | SA |
| 3) My therapist makes an effort to understand my perspective in our relationship | SD | D | A | SA |
| 4) My therapist says things in session to encourage us | SD | D | A | SA |
| 5) My therapist compliments/reinforces changes we are making | SD | D | A | SA |
| 6) We have clear, agreed upon goals for therapy | SD | D | A | SA |
| 7) My therapist gives us homework assignments that correspond to our goals | SD | D | A | SA |
| 8) We are learning better ways to communicate with each other in therapy | SD | D | A | SA |
| 9) Overall I don't feel my therapist takes sides | SD | D | A | SA |
| 10) Overall I get an equal amount of time as my spouse/partner in session to express myself | SD | D | A | SA |
| 11) I feel safe to be able to speak about uncomfortable issues in sessions about my relationship | SD | D | A | SA |
| 12) Our therapist conducts sessions at our own pace | SD | D | A | SA |
| 13) Our therapist gives us hope that our relationship can change | SD | D | A | SA |
| 14) Our goals are addressing the concerns in our relationship | SD | D | A | SA |
| 15) Our therapist seems down to earth | SD | D | A | SA |
| 16) Our therapist is non-judgmental towards me | SD | D | A | SA |
| 17) Our therapist is flexible and open-minded | SD | D | A | SA |
| 18) The important issues of our relationship are being addressed in session | SD | D | A | SA |

- | | | | | | |
|-----|---|----|---|---|----|
| 19) | Our therapist is helping us understand our feelings/emotions towards each other | SD | D | A | SA |
| 20) | Our therapist has a sense of humor | SD | D | A | SA |
| 21) | Our therapist gives rationale and explains therapeutic processes | SD | D | A | SA |
| 22) | Therapist has offered to see us individually when needed | SD | D | A | SA |
| 23) | Overall I am satisfied with the help we are receiving | SD | D | A | SA |
| 24) | Please comment on what you find helpful/effective in your couple therapy: | | | | |

- 25) Please comment on what you find not helpful/ineffective in your couple therapy:

APPENDIX E

CLIENT EVALUATION OF SERVICES

Please help us improve our program by answering some questions about the services you have received. We are interested in your honest opinion, whether positive or negative. Please answer all of the questions. We also welcome your comments and suggestions. Thank you very much, we really appreciate your help.

CIRCLE YOUR ANSWER

1. How would you rate the quality of service you have received?

4	3	2	1
Excellent	Good	Fair	Poor

2. Did you get the kind of service you wanted?

1	2	3	4
No, definitely not	No, not really	Yes, generally	Yes, definitely

3. To what extent has our program met your needs?

4	3	2	1
Almost all of my needs have been met	Most of my needs have been met	Only a few of my needs have been met	None of my needs have been met

4. If a friend were in need of similar help, would you recommend our program to him or her?

1	2	3	4
No, definitely not	No, I don't think so	Yes, I think so	Yes, definitely

5. How satisfied are you with the amount of help you have received?

1	2	3	4
Quite dissatisfied	Indifferent or mildly dissatisfied	Mostly satisfied	Very satisfied

6. Have the services you received helped you to deal more effectively with your problems?

4	3	2	1
Yes, they helped a great deal	Yes, they helped somewhat	No, they really didn't help	No, they seemed to make things worse

7. In an overall, general sense, how satisfied are you with the service you have received?

4	3	2	1
Very satisfied	Mostly satisfied	Indifferent or mildly dissatisfied	Quite dissatisfied

8. If you were to seek help again, would you come back to our program?

1	2	3	4
No, definitely not	No, I don't think so	Yes, I think so	Yes, definitely